Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS430AGC	A. BUILDING _____ B. WING _____	08/12/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSHINE CARE HOME	3970 MARYLAND AVE LAS VEGAS, NV 89121

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Y 000	Initial Comments This Statement of Deficiencies was generated as a result of the annual State Licensure survey and Complaint Investigation conducted in your facility on August 12, 2008. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 9 Residential Facility for Group beds for elderly and disabled persons, Category II, and Residential facility for persons with mental illnesses. The census at the time of the survey was 6. Six resident files were reviewed, and four employee files were reviewed. One discharged resident file was reviewed. Complaint #NV18934 was substantiated. See Tag #'s 0053 and 0936. The following deficiencies were identified:	Y 000		
Y 053 SS=D	449.194(4) Administrator's Responsibilities-Complete Rec NAC 449.194 The administrator of a residential facility shall: 4. Ensure that the records of the facility are complete and accurate. This Regulation is not met as evidenced by: Based on interview and record record review the administrator of the facility failed to ensure that the records of the facility were complete and accurate for 1 of 7 residents. (#7)	Y 053		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 053	Continued From page 1 Findings include: Resident #7 (admit date 8/7/08 and discharge date 8/11/08) did not have a record or any documentation of care. According to the Group Home Referral Agency, this resident was discharged from an acute care hospital on 8/7/08 to this group home. Employee #1 (owner/caregiver) stated that this resident was admitted on 8/9/08 for respite care and left on 8/11/08. Severity 2 Scope 1 Complaint # NV00018934	Y 053		
Y 070 SS=F	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure that 8 hours of training related to providing for the needs of the residents was completed by 3 of 4 employees. (#1,#2,#4) Findings include: Employee #'s 1 (hire date 2/17/04), 2 (hire date 6/1/08), and 4 (hire date 12/1/04) files did not contain documented evidence of eight hours of annual Caregiver training.	Y 070		

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Y 070	Continued From page 2 Severity: 2 Scope: 3	Y 070		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment. 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of	Y 103		

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Y 103	Continued From page 3 subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis. 5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.	Y 103		

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Y 103	Continued From page 4 6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis. Based on record review, the facility failed to ensure employees had received the required tuberculosis (TB) screening and had the required (TB) documentation in their personnel records for 3 of 4 employees. (#1,#2,#4) Findings include: Employee #1's (hire date 2/17/04) file did not contain documentation from a licensed physician that the employee was in a good state of health and free from TB or any other communicable disease. The employee file contained a negative chest x-ray report dated 7/16/04. The file did not contain evidence in the form of a positive skin test or a physician statement that the employee had tested positive for TB. Employee #2's (hire date 6/1/08) file did not contain documentation that a two-step tuberculin screening test was performed upon hiring. The file did not contain documentation from a licensed	Y 103		

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Y 103	Continued From page 5 physician that the employee was in a good state of health and free from TB or any other communicable disease. Employee #3's (hire date 10/1/07) file did not contain documentation from a licensed physician that the employee was in a good state of health and free from TB or any other communicable disease. Employee #4's (hire date 12/1/04) file did not contain documentation from a licensed physician that the employee was in a good state of health and free from TB or any other communicable disease. Severity 2 Scope 3 This is a repeat deficiency from survey 8/3/07.	Y 103		
Y 175 SS=F	449.209(4)(b) Health and Sanitation-Hazards NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure the exterior was free from hazards. Findings include: A broken ceiling fan and lamp were stored on the patio which is the smoking area. A broken awning and gas barbecue were lying in the side yard	Y 175		

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Y 175	Continued From page 6 which is accessible from the backyard. Severity 2 Scope 3	Y 175		
Y 207 SS=F	449.211(4)(b) Automatic Sprinklers-Annual Inspections NAC 449.211 4. An automatic sprinkler system that has been installed in a residential facility must be inspected: (b) Not less than once each calendar year by a person who is licensed to inspect such a system pursuant to the provisions of chapter 477 of NAC. This Regulation is not met as evidenced by: Based on record review, the facility's fire alarm system and sprinkler system was not inspected annually. Findings include: The inspection tag for the facility's fire alarm system and the automatic sprinkler system had expired. The last date of inspection was 05/05. Severity: 2 Scope: 3	Y 207		
Y 444 SS=F	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant	Y 444		

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Y 444	Continued From page 7 to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on observation the facility failed to maintain smoke detectors in proper operating condition. Findings include: There was no smoke detector attached to the detector mount located in the family room. Severity: 2 Scope: 3	Y 444		
Y 898 SS=D	449.2744(1)(b)(4) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician. This Regulation is not met as evidenced by: Based on review of the medication administration record (MAR) the facility failed to ensure the MAR was accurate for 1 of 6 residents. (#1) Findings include:	Y 898		

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Y 898	Continued From page 8 The medication administration record (MAR) for Resident #1 (admit date 2/5/08) stated Namenda 10 mg take one tablet twice a day. The bottle label read Namenda 5 mg take 1/2 tablet twice a day. Interview with Employee #1 (owner/caregiver) indicated that the dose administered to the resident was the dose stated on the bottle label. Severity: 2 Scope: 1	Y 898		
Y 936 SS=G	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure that a separate file was maintained and kept for at least 5 years after a resident permanently leaves the facility for 1 of 7 residents. (#7) Findings include: Resident #7 (admit date 8/7/08 and discharge	Y 936		

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Y 936	Continued From page 9 date 8/11/08) did not have a record or any documentation of care. According to the Group Home Referral Agency, this resident was discharged from an acute care hospital on 8/7/08 to this group home. Employee #1 (owner/caregiver) stated that Resident #7 was admitted on 8/9/08 for respite care and left on 8/11/08. The facility lacked documented evidence of records, letters, assessments or any medical information relating to Resident #7. Severity 3 Scope 1 Complaint # NV18934	Y 936		
Y1010 SS=F	449.2764(1) MI Training NAC 449.2764 1. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after he becomes employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses. This Regulation is not met as evidenced by: Based on record review the facility failed to ensure that 4 of 4 caregivers received eight hours of training concerning the care of residents with mental illnesses. (#1,#2,#3,#4). Findings include: The facility had an endorsement on its license to	Y1010		

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Y1010	Continued From page 10 care for residents with mental illnesses. The personnel files for Employee #'s 1,2,3,4 lacked documented evidence of eight hours of training related to the care of persons with mental illnesses. Severity: 2 Scope: 3	Y1010		
YA895 SS=D	449.2744(1)(b) Medication/MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure that a record of the medication administered to each patient was maintained for 1 of 7 residents (#7). Findings include: There was no Medication Administration Record	YA895		

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YA895	Continued From page 11 (MAR) for Resident #7 (admit 8/7/08). Interview with Employee #1 (owner/caregiver) indicated that Resident #7 was administered medication. Severity 2 Scope 1 Complaint # NV18934	YA895		